Case 20-22298-VFP Doc 11 Filed 12/01/20 Entered 12/01/20 19:50:58 Desc Main Document Page 1 of 47

| Fill in this info | rmation to identify your | case: | | |
|---------------------|---------------------------|------------------------|-----------|--------------------------------------|
| Debtor 1 | Betsy Rocio Cass | siani | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for the: | DISTRICT OF NEW JERSEY | | |
| Case number | 20-22298 | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a | ssets of what you own |
|-----|--|-------------|--------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 310,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 29,741.36 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 339,741.36 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 252,670.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 76,083.50 |
| | Your total liabilities | \$ | 328,753.50 |
| Pa⊦ | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 5,721.26 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 5,467.30 |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sc | hedules. |
| | ■ Yes | | |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Debtor 1 Betsy Rocio Cassiani Case number (if known) 20-22298

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____4,859.76

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on <i>Schedule E/F</i> , copy the following: | Tota | al claim |
|--|------|----------|
| 9a. Domestic support obligations (Copy line 6a.) | \$_ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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| | | | Document | Page 3 of 47 | _, | | 2000 |
|---|---|----------------------|--|---|--------------|----------------------------------|---|
| Fill in this inforr | mation to identify your | case and th | is filing: | | | | |
| Debtor 1 | Betsy Rocio Cas | | | | | | |
| Debtor 2 | First Name | Middle | Name | Last Name | | | |
| Spouse, if filing) | First Name | Middle | Name | Last Name | | | |
| United States Ba | ankruptcy Court for the: | DISTRICT | OF NEW JERSEY | | | | |
| Case number | 20-22298 | | | _ | | | ☐ Check if this is an amended filing |
| Schedul n each category, s hink it fits best. B | Be as complete and accura re space is needed, attach | e items. List a | e. If two married peopl | an asset fits in more than one e are filing together, both are e top of any additional pages, | equally resp | onsible for su | oplying correct |
| Do you own or h No. Go to Par Yes. Where is | rt 2. | e interest in a | ny residence, building | , land, or similar property? | | | |
| | Clinton Street if available, or other description | | _ | | the amount | t of any secured | ims or exemptions. Put I claims on <i>Schedule D:</i> as <i>Secured by Property</i> . |
| Haledon City | | 508-0000 ZIP Code | Land Investment p | or mobile home | Current va | | Current value of the portion you own? |
| | | | ☐ Timeshare ☐ Other ☐ Who has an interes ☐ Debtor 1 only | t in the property? Check one | (such as fo | ee simple, tena e), if known. | our ownership interest nncy by the entireties, or |
| Passaic | | | Debtor 2 only | | | | |
| County | | | | of the debtors and another rou wish to add about this item | (see in: | structions) | munity property |
| | | | 310,000-31,000 (exemption)=21 | (cost of sale) = 279,000 ,194 | -232,656 (| (liens)= 46,3 | 344-25,150 |
| | | | | from Part 1, including any | | | \$310,000.00 |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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| Debto | r1 <u>B</u> | etsy Rocio Cassiani | | Case number (if known) | 20-22298 |
|---------|------------------------|--|---|-----------------------------|---|
| 3. Car | s, vans, | trucks, tractors, sport ut | ility vehicles, motorcycles | | |
| ПΝ | lo | | | | |
| _ | | | | | |
| | | | | | |
| 3.1 | Make: | Mercedes | Who has an interest in the property? Check one | | ed claims or exemptions. Put ecured claims on Schedule D: |
| | Model: | E class | Debtor 1 only | | Claims Secured by Property. |
| | Year: | 2018 | Debtor 2 only | Current value of th | |
| | Approxim Other info | nate mileage: | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| Г | lease | ormation. | At least one of the debtors and another | | |
| | | | Check if this is community property (see instructions) | \$0.0 | 90.00 |
| | es d the do | | ou own for all of your entries from Part 2, including a Write that number here | | \$0.00 |
| Part 3: | Describ | e Your Personal and House | ehold Items | | |
| Do yo | | | able interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Exa | amples: I No | scribe | , linens, china, kitchenware | | \$4 F00 00 |
| | | Househol | d items | | \$1,500.00 |
| Exa | No i | | dio, video, stereo, and digital equipment; computers, printeras, media players, games | ters, scanners; music col | lections; electronic devices |
| | | Electronic | | | \$2,500.00 |
| Exa | amples: / No | of value Antiques and figurines; pain other collections, memoral scribe | ntings, prints, or other artwork; books, pictures, or other a pilia, collectibles | art objects; stamp, coin, c | or baseball card collections; |
| Exa | amples: S | for sports and hobbies Sports, photographic, exerging instruments scribe | cise, and other hobby equipment; bicycles, pool tables, g | olf clubs, skis; canoes ar | nd kayaks; carpentry tools; |
| | | | | | |
| | • | Pistols, rifles, shotguns, a | mmunition, and related equipment | | |

Official Form 106A/B Schedule A/B: Property page 2

Case 20-22298-VFP Doc 11 Filed 12/01/20 Entered 12/01/20 19:50:58 Document Page 5 of 47 Debtor 1 **Betsy Rocio Cassiani** Case number (if known) 20-22298 ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe..... Clothes \$2,000.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... \$1,000.00 Jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$7,000.00 for Part 3. Write that number here

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

Yes.....

Cash on hand

\$20.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

□ No

Yes.....

Institution name:

17.1. Checking

Chase Bank

\$70.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

■ No

Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

■ No

☐ Yes. Give specific information about them.....

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Case 20-22298-VFP Doc 11 Filed 12/01/20 Entered 12/01/20 19:50:58 Page 6 of 47 Document Debtor 1 **Betsy Rocio Cassiani** Case number (if known) 20-22298 Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: **Pension** New Jersey Urology, LLC Pension Plan \$22,651.36 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No ☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years......

Official Form 106A/B Schedule A/B: Property page 4

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☐ Yes. Give specific information......

No

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| D | ebiol i Beisy Rocio Cassialli | Case number (ii known) | 20-22290 |
|-----|---|--|----------------------------|
| 30 | Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sic benefits; unpaid loans you made to someone else | k pay, vacation pay, workers' compe | nsation, Social Security |
| | ■ No □ Yes. Give specific information | | |
| 31 | . Interests in insurance policies | radit hamaayyaaria ar rantaria irayya | |
| | Examples: Health, disability, or life insurance; health savings account (HSA); color No | ealt, nomeowner's, or renter's insurar | ice |
| | ☐ Yes. Name the insurance company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: |
| 32 | Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance someone has died. No | policy, or are currently entitled to rec | eive property because |
| | ☐ Yes. Give specific information | | |
| 33 | Claims against third parties, whether or not you have filed a lawsuit or ma Examples: Accidents, employment disputes, insurance claims, or rights to sue No | de a demand for payment | |
| 24 | ☐ Yes. Describe each claim Other contingent and unliquidated claims of every nature, including count | orolaims of the debter and rights to | a set off claims |
| 34 | ■ No Yes. Describe each claim | ercialins of the deptor and rights to | Set Oil Claims |
| 35 | . Any financial assets you did not already list ■ No | | |
| | ☐ Yes. Give specific information | | |
| 36 | 6. Add the dollar value of all of your entries from Part 4, including any entri for Part 4. Write that number here | | \$22,741.36 |
| | art 5: Describe Any Business-Related Property You Own or Have an Interest In. List a | ny real estate in Part 1. | |
| 37. | Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. | | |
| | Yes. Go to line 38. | | |
| Pa | art 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have If you own or have an interest in farmland, list it in Part 1. | e an Interest In. | |
| 46 | . Do you own or have any legal or equitable interest in any farm- or commer | cial fishing-related property? | |
| | ■ No. Go to Part 7. ☐ Yes. Go to line 47. | | |
| Pá | Describe All Property You Own or Have an Interest in That You Did Not Lis | t Above | |
| 53 | Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership | | |
| | ■ No □ Yes. Give specific information | | |
| 54 | 4. Add the dollar value of all of your entries from Part 7. Write that number | nere | \$0.00 |

Official Form 106A/B Schedule A/B: Property page 5

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Debtor 1 Case number (if known) 20-22298 **Betsy Rocio Cassiani** List the Totals of Each Part of this Form Part 8: Part 1: Total real estate, line 2 \$310,000.00 Part 2: Total vehicles, line 5 \$0.00 57. Part 3: Total personal and household items, line 15 \$7,000.00 Part 4: Total financial assets, line 36 \$22,741.36 Part 5: Total business-related property, line 45 59. \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 61. Total personal property. Add lines 56 through 61... \$29,741.36 Copy personal property total \$29,741.36 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$339,741.36

Official Form 106A/B Schedule A/B: Property page 6

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| Fill in this inform | mation to identify your | case: | | |
|---------------------|-------------------------|------------------------|-----------|--------------------------------------|
| Debtor 1 | Betsy Rocio Cass | siani | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | nkruptcy Court for the: | DISTRICT OF NEW JERSEY | , | |
| Case number | 20-22298 | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| | | | | amended ming |

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim as Exem | pt |
|---|----|
|---|----|

| | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | | |
|----|---|--------------------------------------|-------|---|------------------------------------|--|--|--|
| | ■ You are claiming federal exemptions. 11 l | U.S.C. § 522(b)(2) | | | | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | empt, | fill in the information below. | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption | | | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | | |
| | 327 West Clinton Street Haledon, NJ 07508 Passaic County | \$310,000.00 | | \$25,150.00 | 11 U.S.C. § 522(d)(1) | | | |
| | 310,000-31,000 (cost of sale) = 279,000-232,656 (liens)= 46,344-25,150 (exemption)=21,194 Line from <i>Schedule A/B</i> : 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | Household items Line from Schedule A/B: 6.1 | \$1,500.00 | | \$1,500.00 | 11 U.S.C. § 522(d)(3) | | | |
| | Line Irom Scriedule A/B. 0.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | Electronic Line from Schedule A/B: 7.1 | \$2,500.00 | | \$2,500.00 | 11 U.S.C. § 522(d)(3) | | | |
| | Line IIIII Schedule AVD. 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | Clothes Line from Schedule A/B: 11.1 | \$2,000.00 | | \$2,000.00 | 11 U.S.C. § 522(d)(3) | | | |
| | Line Irom Scriedule A/B. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | Jewelry Line from Schedule A/B: 12.1 | \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(4) | | | |
| | Line nom <i>Schedule PAD</i> . 12.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |

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| Debto | r 1 Betsy Rocio Cassiani | | | Case number (if known) | 20-22298 |
|-------|--|--------------------------------------|---------|---|------------------------------------|
| | rief description of the property and line on chedule A/B that lists this property | Current value of the portion you own | | | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| _ | ash on hand ne from <i>Schedule A/B</i> : 16.1 | \$20.00 | | \$20.00 | 11 U.S.C. § 522(d)(5) |
| L | THE HOLL SCHEUZIE PAB. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | hecking: Chase Bank | \$70.00 | | \$70.00 | 11 U.S.C. § 522(d)(5) |
| LI | THE HOTH SCHEULIE PAB. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | ension: New Jersey Urology, LLC ension Plan | \$22,651.36 | | \$22,651.36 | 11 U.S.C. § 522(d)(12) |
| - | ne from Schedule A/B: 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | re you claiming a homestead exemption Subject to adjustment on 4/01/22 and every No Yes. Did you acquire the property cover No Yes | 3 years after that for ca | ases fi | • | , |

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| | | Document | Page 11 | of 47 | | |
|------------------------------------|---------------------------------|--|-----------------|------------------------------------|-------------------------|----------------------|
| Fill in this inf | ormation to identify you | r case: | | | | |
| Debtor 1 | Betsy Rocio Cas | ssiani | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| (Spouse II, IIIIng) | riist Name | Middle Name | Last Name | | | |
| United States | Bankruptcy Court for the: | DISTRICT OF NEW JERSEY | | | | |
| Case number | 20-22298 | | | | ☐ Check | if this is an |
| (ii kilowii) | | | | | | led filing |
| | , | | | | | 3 |
| Official Fo | rm 106D | | | | | |
| Schedul | e D: Creditors | Who Have Claims S | Secure | d by Property | / | 12/15 |
| | | If two married people are filing togethe | | | | |
| is needed, copy number (if knov | | out, number the entries, and attach it t | to this form. O | n the top of any addition | al pages, write your na | me and case |
| • | ors have claims secured by | vour property? | | | | |
| _ ` | - | nis form to the court with your other | schedules Yo | ou have nothing else to | report on this form | |
| _ | III in all of the information I | · | conoccioo. T | od navo notimig oloo te | roport orr and rorrin | |
| | | below. | | | | |
| | t All Secured Claims | | | Column A | Column B | Column C |
| | | more than one secured claim, list the cred a particular claim, list the other creditors | | Amount of claim | Value of collateral | Unsecured |
| | | cal order according to the creditor's name | | Do not deduct the | that supports this | portion |
| 2.1 Capital | One | Describe the property that secures t | he claim: | value of collateral. \$4,191.00 | s310,000.00 | If any \$0.00 |
| Creditor's N | | 327 West Clinton Street Hale | | Ψ+,131.00 | Ψο το,οσοίσο | Ψ0.00 |
| | | 07508 Passaic County | 20011, 140 | | | |
| | | 310,000-31,000 (cost of sale) |) = | | | |
| | | 279,000-232,656 (liens)= | | | | |
| | | 46,344-25,150 (exemption)=2 | 21,194 | | | |
| PO Box | c 30285 | As of the date you file, the claim is: | Check all that | | | |
| | ke City, UT 84130 | apply. Contingent | | | | |
| | treet, City, State & Zip Code | ☐ Unliquidated | | | | |
| | | ☐ Disputed | | | | |
| Who owes the | e debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 onl | у | ☐ An agreement you made (such as r | mortgage or sec | cured | | |
| Debtor 2 onl | у | car loan) | | | | |
| Debtor 1 and | d Debtor 2 only | ☐ Statutory lien (such as tax lien, med | chanic's lien) | | | |
| $\hfill \square$ At least one | of the debtors and another | ■ Judgment lien from a lawsuit | | | | |
| ☐ Check if thi | s claim relates to a | ☐ Other (including a right to offset) | | | | |

community debt

Date debt was incurred

Last 4 digits of account number 1219

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| Debtor 1 Betsy Rocio Cassiani | | | Case number (if known) | 20-22298 | 20-22298 | | |
|-------------------------------|--|--|------------------------|--------------|-------------|--|--|
| | First Name Middle N | ame Last Name | | | | | |
| 2.2 | Mercedes-Benz Financial Services | Describe the property that secures the claim: | \$15,823.00 | \$0.00 | \$15,823.00 | | |
| | Creditor's Name | 2018 Mercedes E class | | | | | |
| | | lease | | | | | |
| | Attn: Bankruptcy | As of the date you file, the claim is: Check all that | | | | | |
| | Po Box 685 Roanoke, TX 76262 | apply. | | | | | |
| | Number, Street, City, State & Zip Code | ☐ Contingent | | | | | |
| | Number, Street, City, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | | | |
| Who | owes the debt? Check one. | Nature of lien. Check all that apply. | | | | | |
| ■ _D | ebtor 1 only | ■ An agreement you made (such as mortgage or | secured | | | | |
| □D | ebtor 2 only | car loan) | | | | | |
| ☐ D | ebtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | | |
| | t least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | | |
| | heck if this claim relates to a community debt | Other (including a right to offset) | | | | | |
| | • | | | | | | |
| | Opened 7/23/18 | | | | | | |
| | Last Active | | | | | | |
| Date | debt was incurred 9/25/20 | Last 4 digits of account number 100° | 1 | | | | |
| | | | | | | | |
| 2.3 | Shellpoint | Describe the property that secures the claim: | \$232,656.00 | \$310,000.00 | \$0.00 | | |
| | Creditor's Name | 327 West Clinton Street Haledon, NJ | | | | | |
| | | 07508 Passaic County | | | | | |
| | | 310,000-31,000 (cost of sale) = 279,000-232,656 (liens)= | | | | | |
| | | 46,344-25,150 (exemption)=21,194 | | | | | |
| | PO Box 619063 | As of the date you file, the claim is: Check all that | J | | | | |
| | Dallas, TX 75261 | apply. | | | | | |
| | | ☐ Contingent | | | | | |
| | Number, Street, City, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | | | |
| Who | owes the debt? Check one. | Nature of lien. Check all that apply. | | | | | |
| ■ D | ebtor 1 only | ☐ An agreement you made (such as mortgage or | secured | | | | |
| | ebtor 2 only | car loan) | | | | | |
| | ebtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | | |
| _ | t least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | | |
| _ | heck if this claim relates to a | Other (including a right to offset) Mortgage | e | | | | |
| c | community debt | Cuter (including a right to chact) | | | | | |
| Date | debt was incurred | Last 4 digits of account number 5690 | 6 | | | | |
| | | | | | | | |
| Ad | d the dollar value of vour entries in C | column A on this page. Write that number here: | \$252,670 | .00 | | | |
| If t | nis is the last page of your form, add | the dollar value totals from all pages. | | | | | |
| Wr | te that number here: | - - | \$252,670 | | | | |
| | | | | | | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | | | | Document | Page 13 | 3 of 47 | | |
|---|---|---|---|--|-------------------------------|--|-----------------------------|---|
| Fill in th | is informatio | n to identify your o | ase: | | | | | |
| Debtor 1 | В | etsy Rocio Cass | iani | | | | | |
| Dobto. 1 | | rst Name | Middle Na | ame | Last Name | | | |
| Debtor 2 | | | | | | | | |
| (Spouse if, | filing) Fi | rst Name | Middle Na | ame | Last Name | | | |
| United S | states Bankrup | otcy Court for the: | DISTRICT C | F NEW JERSEY | | | | |
| Casa nu | mhar 20 21 | 2200 | | | | | | |
| (if known) | mber 20-2 2 | 2290 | | _ | | | | Check if this is an |
| , | | | | | | | | amended filing |
| | | | | | | | • | - |
| | l Form 10 | | | | | | | |
| Sched | dule E/F: | Creditors W | ho Have | Unsecured | Claims | | | 12/15 |
| Schedule Schedule left. Attac name and | G: Executory (D: Creditors W h the Continua case number | Contracts and Unexpi /ho Have Claims Secu tion Page to this page (if known). | red Leases (Of ired by Propert e. If you have n | ficial Form 106G). D ry. If more space is r o information to rep | o not include needed, copy | contracts on Schedule A/B: I any creditors with partially s the Part you need, fill it out, do not file that Part. On the t | secured clair number the | ns that are listed in entries in the boxes on the |
| Part 1: | | Your PRIORITY Un | | | | | | |
| _ | • | eve priority unsecured | i ciaims agains | it you? | | | | |
| | o. Go to Part 2. | | | | | | | |
| □ Y | es. | | | | | | | |
| Part 2: | List All of | Your NONPRIORIT | Y Unsecured | Claims | | | | |
| 3. Do a | ny creditors ha | eve nonpriority unsec | ured claims ag | ainst you? | | | | |
| ПΝ | o. You have not | thing to report in this pa | art. Submit this f | orm to the court with | vour other sche | edules. | | |
| | | 9 | | | , | | | |
| Y | es. | | | | | | | |
| unse | cured claim, list one creditor hol | the creditor separately | for each claim. | For each claim listed | , identify what t | b holds each claim. If a credit type of claim it is. Do not list claim three nonpriority unsecured c | aims already | included in Part 1. If more |
| | | | | | | | | Total claim |
| 4.1 | Amex | | | Last 4 digits of acco | ount number | 5993 | | \$1,431.00 |
| | Nonpriority Cred | | | | | 0 140/45 1 14 | | |
| | Correspond Po Box 981: | lence/Bankruptc _! 540 | y | When was the debt | incurred? | Opened 10/15 Last / 12/24/19 | Active | |
| | El Paso, TX | | | When was the debt | mountou. | 12/24/13 | | |
| | | City State Zip Code | | As of the date you f | file, the claim i | is: Check all that apply | | |
| ' | Who incurred t | he debt? Check one. | | | | | | |
| | Debtor 1 onl | у | | ☐ Contingent | | | | |
| ļ | Debtor 2 onl | у | | ☐ Unliquidated | | | | |
| ļ | Debtor 1 and | d Debtor 2 only | | ☐ Disputed | | | | |
| ļ | At least one | of the debtors and ano | ther | Type of NONPRIOR | ITY unsecured | d claim: | | |
| | | s claim is for a comm | | Student loans | | | | |
| | debt Is the claim sul | bject to offset? | | □ Obligations arisin report as priority clair | | ration agreement or divorce th | nat you did no | t |
| | ■ No | • | | | | g plans, and other similar deb | ts | |
| | — No □ Yes | | | Other. Specify | • | | | |
| | _ 103 | | | - Other. Specify | aa. | • | | <u> </u> |

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| Debto | or 1 Betsy Rocio Cassiani | | Case number (if known) 20-22298 | |
|-------|--|---|---|-------------|
| 4.2 | Barclays Bank Delaware | Last 4 digits of account number | 0927 | \$11,509.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 8801 Wilmington, DE 19899 | When was the debt incurred? | Opened 06/17 Last Active 02/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.3 | Barclays Bank Delaware Nonpriority Creditor's Name | Last 4 digits of account number | 2358 | \$10,696.00 |
| | Attn: Bankruptcy Po Box 8801 | When was the debt incurred? | Opened 07/18 Last Active 03/19 | |
| | Wilmington, DE 19899 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Credit Card | | |
| 4.4 | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 9130 | \$10,721.00 |
| | Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 09/15 Last Active 9/14/20 | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | |
| | \square Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | I | |

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| Debto | Betsy Rocio Cassiani | | Case number (if known) 20-22298 | |
|-------|--|--|---|------------|
| 4.5 | Capital One | Last 4 digits of account number | 5511 | \$4,096.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 10/06 Last Active 03/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | <u> </u> | |
| 4.6 | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 5134 | \$908.00 |
| | Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 04/11 Last Active 08/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | | |
| | ☐ Yes | Other. Specify Credit Card | | |
| 4.7 | Capital One / Saks F Nonpriority Creditor's Name | Last 4 digits of account number | 1510 | \$1,369.00 |
| | Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 10/05 Last Active 11/19 | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | • | |
| | Yes | ■ Other. Specify Charge Acc | count | |

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| Debto | Betsy Rocio Cassiani | | Case number (if known) 20-22298 | |
|-------|--|---|--|------------|
| 4.8 | Capital One/Neiman Marcus/Bergdorf Goodm Nonpriority Creditor's Name | Last 4 digits of account number | 1364 | \$3,756.00 |
| | AttnL: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 08/18 Last Active 11/19 | |
| | Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | 51 <i>,</i> | |
| | Yes | Other. Specify Charge Acc | count | |
| 4.9 | Chase Card Services Nonpriority Creditor's Name | Last 4 digits of account number | 8177 | \$7,938.00 |
| | Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850 | When was the debt incurred? | Opened 01/16 Last Active 03/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | _ | Пол | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | l claim: | |
| | ☐ At least one of the debtors and another | Student loans | a Ciaiiii. | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u></u> | |
| 4.1 | Chase Card Services | Last 4 digits of account number | 4817 | \$2,085.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850 | When was the debt incurred? | Opened 11/15 Last Active 07/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | and the second of the second o | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □Yes | ■ Other. Specify Credit Card | l | |

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| 1 Betsy Rocio Cassiani | | Case number (if known) 20-22298 | |
|---|---|--|------------|
| Discover Financial | Last 4 digits of account number | 4645 | \$8,669.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3025 New Albany, OH 43054 Number Street City State Zip Code | When was the debt incurred? As of the date you file, the claim | | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharing | | |
| Yes | Other. Specify Credit Card | <u> </u> | |
| Dsnb Bloomingdales Nonpriority Creditor's Name | Last 4 digits of account number | 7572 | \$2,182.00 |
| Attn: Recovery "Bk" Po Box 9111 | When was the debt incurred? | Opened 06/04 Last Active 09/19 | |
| Mason, OH 45040 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| No | \square Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Charge Acc | count | |
| First PREMIER Bank | Last 4 digits of account number | 1842 | \$660.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117 | When was the debt incurred? | Opened 4/17/14 Last Active 09/19 | |
| Number Street City State Zip Code Nho incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | a plane, and other circular delete | |
| ■ No | Debts to pension or profit-sharin | | |
| □Yes | ■ Other, Specify Credit Card | | |

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| Debt | or 1 Betsy Rocio Cassiani | | Case number (if known) 20-22298 | |
|----------|---|---|---|------------|
| 4.1 | Garden State Dermatology LLC | Last 4 digits of account number | 1892 | \$724.61 |
| 4 | Nonpriority Creditor's Name 15-01 Broadway Suite 38 | When was the debt incurred? | 10/09/2020 | V |
| | Fair Lawn, NJ 07410 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Medical de | bt | |
| 4.1 5 | Oncology Genpath | Last 4 digits of account number | 2006 | \$157.83 |
| | Nonpriority Creditor's Name PO Box 21134 New York, NY 10087 | When was the debt incurred? | 8/21/2020 | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | ■ Other. Specify Medical de | | |
| 4.1 6 | Synchrony Bank/Gap | Last 4 digits of account number | 3520 | \$8,621.06 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 | When was the debt incurred? | Opened 02/18 Last Active 07/19 | |
| | Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | Obligations arising out of a separate appropriate priority plains | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-shari | ng plans, and other similar debte | |
| | ■ No | | | |
| | □ Yes | Other Specify Credit Card | 1 | |

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Debtor 1 Betsy Rocio Cassiani Page 19 0f 47

Case number (if known) 20-22298

| The Bureaus Inc | Last 4 digits of account number | 9645 | \$560.00 |
|--|--------------------------------------|--|----------|
| Nonpriority Creditor's Name Attn: Bankruptcy | _ | Opened 03/20 Last Active | |
| 650 Dundee Rd, Ste 370 | When was the debt incurred? | 08/19 | |
| Northbrook, IL 60062 | _ | | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Collection | Attorney Comenity Bank | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | 1 | Total Claim |
|-----------------------|-----|---|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ | 0.00 |
| claims from Part 2 | 6a. | Obligations arising out of a separation agreement or divorce that | | | |
| | og. | you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 76,083.50 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 76,083.50 |

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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| Fill in this infor | | | | |
|---------------------|--------------------------|------------------------|-----------|-----------------------|
| Debtor 1 | Betsy Rocio Cass | siani | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF NEW JERSEY | | |
| Case number | 20-22298 | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with Name, Number | whom you have th , Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.3 | Oity | | Otate | Zii Oode | |
| 0 | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |

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| | | Docume | ını Page 21 0 | 14/ | |
|------------------------------|---|---|--|---|---------|
| Fill in this | information to identify your | case: | | | |
| Debtor 1 | Betsy Rocio Cass | sioni | | | |
| Debior 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, fili | ing) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | DISTRICT OF NEW JE | RSEY | | |
| Case num | aber 20-22298 | | | | |
| (if known) | | | | ☐ Check if this is an amended filing | |
| Sched | l Form 106H dule H: Your Cod | | | 12/ | |
| people are fill it out, a | e filing together, both are equ | ally responsible for supposes on the left. Attacl | olying correct informat h the Additional Page t | is complete and accurate as possible. If two marrie ion. If more space is needed, copy the Additional Foothis page. On the top of any Additional Pages, wi | Page, |
| 1. Do | you have any codebtors? (If | you are filing a joint case, | do not list either spouse | as a codebtor. | |
| ■ No □ Yes | | | | | |
| Arizor | thin the last 8 years, have you ha, California, Idaho, Louisiana. Go to line 3. Did your spouse, former spouse. | Nevada, New Mexico, Pu | uerto Rico, Texas, Wash | ry? (Community property states and territories include ington, and Wisconsin.) | |
| in line Form | e 2 again as a codebtor only i | f that person is a guarar | ntor or cosigner. Make | r if your spouse is filing with you. List the person s sure you have listed the creditor on Schedule D (O 16G). Use Schedule D, Schedule E/F, or Schedule G | fficial |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | P Code | | Column 2: The creditor to whom you owe the c Check all schedules that apply: | debt |
| 3.1 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| | Normal Office of | | | | |
| | Number Street City | State | ZIP Code | | |
| | | | | | |
| 3.2 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| - | Number Street | | | _ | |
| | City | State | ZIP Code | | |

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| Eill | in this information to identify your c | 200 | | | | | | | |
|-------------|---|----------------------------|--|----------------|----------|--------------------------|-------------|-------------------------------|---------|
| | btor 1 Betsy Rocio | | | | | | | | |
| | | Cassiani | | | _ | | | | |
| _ | ouse, if filing) | | | | _ | | | | |
| Uni | ited States Bankruptcy Court for the | E DISTRICT OF NEW J | IERSEY | | _ | | | | |
| Cas | se number 20-22298 | | | | | Check if this is: | | | |
| (If kr | nown) | | = | | | ☐ An amende | d filing | | |
| | | | | | | A supplement 13 income a | | postpetition llowing date: | |
| 0 | fficial Form 106I | | | | | MM / DD/ Y | YYY | | |
| S | chedule I: Your Inc | ome | | | | | | | 12/15 |
| spo atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | ır spouse is not filing wi | ith you, do not inclu | de infori | nation a | bout your spo | use. If mo | re space is | needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | or non-fili | ing spouse | |
| i | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed | | | ☐ Employed | | | |
| | | Employment status | ☐ Not employed | ☐ Not employed | | | mployed | | |
| | employers. | Occupation | Medical Assitan | nt | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Urology Center | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 1515 Broad Stre Ste. B130 Bloomfield, NJ | | | | | | |
| | | How long employed t | here? 23 year | s | | | | | |
| Pai | rt 2: Give Details About Mo | nthly Income | | | | | | | |
| spoo | mate monthly income as of the duse unless you are separated. ou or your non-filing spouse have mee space, attach a separate sheet to | ore than one employer, co | , | | | | | • | J |
| | | | | | Fo | r Debtor 1 | For Deb | tor 2 or ng spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 4,859.76 | \$ | N/A | |
| 3. | Estimate and list monthly over | ime pay. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add li | ne 2 + line 3. | | 4. | \$ | 4,859.76 | \$ | N/A | |
| | | | | | | | | | |

Official Form 106I Schedule I: Your Income page 1

| Debt | or 1 | Betsy Rocio Cassiani | - | Ca | se number (if known) | 20-22298 | | |
|------|--|--|-----------------------------|--|--|-----------------------|--|----------|
| | | | | F | or Debtor 1 | For Debtor | 2 or | |
| | | | | - | 0. 200.0. | non-filing s | | |
| | Сор | y line 4 here | 4. | \$ | 4,859.76 | \$ | N/A | |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 1,138.86 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | | \$ | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | N/A | |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$ | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | N/A | |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | N/A | |
| | 5h. | Other deductions. Specify: 401K Loan 1 | 5h. | + \$ | 616.37 | + \$ | N/A | |
| | | Medical | _ | \$ | 467.63 | \$ | N/A | |
| | | Roth | | \$ | 108.33 | \$ | N/A | |
| | | 401K | _ | \$ | 108.33 | \$ | N/A | |
| | | NJ SUI /SDI Tax | _ | \$ | | \$ | N/A | |
| | | Optional Life | _ | \$ | | \$ | N/A | |
| | | Dental | _ | \$ | | \$ | N/A | |
| | | Vision | _ | \$ | | \$ | N/A | |
| | | CH Life INS | _ | \$ | 1.99 | \$ | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 2,538.50 | \$ | N/A | |
| 7. | Calc | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 2,321.26 | \$ | N/A | |
| 9. | 8a. 8b. 8c. 8d. 8e. 8f. | All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: Ex husband all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 8f. 8g. 8h. 9. | \$ \$ \$ \$ \$ \$ \$ | 0.00 0.00 0.00 0.00 0.00 3,000.00 400.00 | \$ | N/A N/A N/A N/A N/A N/A N/A N/A | |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | | 5,721.26 + \$_ | N/A | = \$ | 5,721.26 |
| 11. | State Inclu | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a | depe | | | ed in <i>Schedule</i> | e <i>J</i> . +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain ies | | | | | \$ | |
| | | | | | | | onuny | |

Official Form 106l Schedule I: Your Income page 2

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| Debtor 1 | Betsy Rocio Ca | assiani | Case number (if known) | 20-22298 | |
|---------------|-------------------|--|------------------------|----------|--|
| 13. Do | you expect an inc | ease or decrease within the year after you file this form? | | | |
| | No. | • | | | |
| | Yes. Explain: | | | | |

Official Form 106l Schedule I: Your Income page 3

| Fill | in this informa | tion to identify yo | our <u>case:</u> | | | 1 | | |
|-----------|------------------------------|--|--------------------------|--|--|-------------------|-----------------|---|
| | otor 1 | Betsy Rocio | | i | | _ | eck if this is: | |
| | otor 2 ouse, if filing) | | | | | | | wing postpetition chapter f the following date: |
| `` | | uptcy Court for the | : DISTRI | CT OF NEW JERSEY | | | MM / DD / YYYY | |
| Cas | |)-22298 | | | | | | |
| 0 | fficial Fo | rm 106J | | | | - | | |
| Be | as complete a | | s possible eded, atta | . If two married people a ich another sheet to this | | | | |
| Par 1. | t 1: Descr Is this a joir | ribe Your House nt case? | ehold | | | | | |
| | ■ No. Go to | line 2. | in a separ | ate household? | | | | |
| | □ N | 0 | · | al Form 106J-2, <i>Expense</i> | s for Separate House | ehold of De | ebtor 2. | |
| 2. | Do you have | e dependents? | □ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state dependents | | | | Son | | 16 | □ No ■ Yes □ No □ Yes □ No |
| | | | | | | | | Yes No |
| 3. | expenses of | penses include f people other t d your depende | han 🦳 | No Yes | | | | ☐ Yes |
| Est | imate your ex | | our bankr | uptcy filing date unless | | | | apter 13 case to report of the form and fill in the |
| the | | h assistance an | | government assistance cluded it on <i>Schedule I:</i> | | | Your exp | penses |
| 4. | | or home owners and any rent for th | | ses for your residence. or lot. | nclude first mortgag | e 4. | \$ | 2,999.30 |
| | If not includ | led in line 4: | | | | | | |
| | 4b. Prope | estate taxes rty, homeowner's maintenance, re | | 's insurance upkeep expenses | | 4a. 4b. 4c. | \$ | 0.00 0.00 0.00 |
| E | 4d. Home | owner's associa | tion or con | | omo oquity loons | 4d. 5. | · | 0.00 |
| ວ. | Augitional r | nortuade pavm | ents for Vi | our r esidence. Such as no | ine equity loans | ຸກ. | JD . | 0.00 |

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| Debtor 1 | Betsy Rocio Cassiani | Case num | ber (if known) | 20-22298 |
|-------------------|---|--------------|----------------|-------------------------------|
| 6. Utiliti | es: | | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$ | 165.00 |
| 6b. | Water, sewer, garbage collection | 6b. | \$ | 60.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 150.00 |
| 6d. | Other. Specify: | 6d. | \$ | 0.00 |
| Food | and housekeeping supplies | | \$ | 350.00 |
| Child | care and children's education costs | 8. | \$ | 0.00 |
| Cloth | ing, laundry, and dry cleaning | 9. | \$ | 0.00 |
| | onal care products and services | 10. | \$ | 0.00 |
| | cal and dental expenses | 11. | | 0.00 |
| | portation. Include gas, maintenance, bus or train fare. | | · — | |
| | t include car payments. | 12. | \$ | 150.00 |
| B. Enter | tainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| . Chari | table contributions and religious donations | 14. | \$ | 0.00 |
| . Insur | ance. | | · | |
| Do no | t include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. | Life insurance | 15a. | · | 0.00 |
| 15b. | Health insurance | 15b. | \$ | 0.00 |
| 15c. | Vehicle insurance | 15c. | \$ | 440.00 |
| 15d. | Other insurance. Specify: | 15d. | \$ | 0.00 |
| | 5. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| Speci | • | 16. | \$ | 0.00 |
| | Iment or lease payments: | | _ | |
| | Car payments for Vehicle 1 | 17a. | | 1,153.00 |
| | Car payments for Vehicle 2 | 17b. | · | 0.00 |
| | Other. Specify: | 17c. | | 0.00 |
| | Other. Specify: | 17d. | \$ | 0.00 |
| | payments of alimony, maintenance, and support that you did not report as | | \$ | 0.00 |
| | cted from your pay on line 5, Schedule I, Your Income (Official Form 106I). payments you make to support others who do not live with you. | 10. | \$ | |
| Speci | | 19. | Φ | 0.00 |
| | ry. real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i> e | | ur Incomo | |
| | Mortgages on other property | 20a. | | 0.00 |
| | Real estate taxes | 20b. | | 0.00 |
| | Property, homeowner's, or renter's insurance | 20b. 20c. | | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. | | |
| | Homeowner's association or condominium dues | 20u. 20e. | · | 0.00 |
| | | | ъ +\$ | 0.00 |
| . Otnei | Specify: | 21. | +\$ | 0.00 |
| 2. Calcu | late your monthly expenses | | | |
| | Add lines 4 through 21. | | \$ | 5,467.30 |
| 22b. (| Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 5,467.30 |
| 220.7 | tod line 22d drid 22b. The result is your monthly expenses. | | Ψ ——— | 3,407.30 |
| | late your monthly net income. | | | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | | 5,721.26 |
| 23b. | Copy your monthly expenses from line 22c above. | 23b. | -\$ | 5,467.30 |
| | | | | |
| 23c. | Subtract your monthly expenses from your monthly income. | 220 | ¢ | 253.96 |
| | The result is your <i>monthly net income</i> . | 23c. | \$ | 253.96 |
| For ex modifi | ou expect an increase or decrease in your expenses within the year after you ample, do you expect to finish paying for your car loan within the year or do you expect you eation to the terms of your mortgage? | | | ease or decrease because of a |
| ■ No | | | | |
| ☐ Ye | s. Explain here: | | | |

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| Fill in this inform | nation to identify your | case. | | | |
|---------------------------------------|--|--------------------------------|----------------------------|--|-------|
| | | | | | |
| Debtor 1 | Betsy Rocio Cass | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | nkruptcy Court for the: | DISTRICT OF NEW JERSEY | | | |
| Case number (if known) | 20-22298 | | | ☐ Check if this is an amended filing | |
| Official Forn | n 106Dec | | | | |
| Declarat | ion About a | an Individual De | btor's Sched | ules | 12/15 |
| obtaining money years, or both. 18 | | n connection with a bankruptcy | | a false statement, concealing property, p to \$250,000, or imprisonment for up to | |
| Did you pay | y or agree to pay some | eone who is NOT an attorney to | help you fill out bankrupt | cy forms? | |
| ■ No | | | | | |
| ☐ Yes. N | lame of person | | | Attach Bankruptcy Petition Preparer's Not Declaration, and Signature (Official Form | |
| | Ity of perjury, I declare e true and correct. | that I have read the summary a | nd schedules filed with th | is declaration and | |
| X /s/ Bets | sy Rocio Cassiani | | X | | |
| Betsy F | Rocio Cassiani re of Debtor 1 | | Signature of Debtor 2 | | |

Date

Date December 1, 2020

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| Fill in this | information to identify you | ur case: | | | |
|--------------------------------|--------------------------------|--|---|--|---|
| Debtor 1 | Betsy Rocio Ca | | | | |
| Dobtor 2 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing | ng) First Name | Middle Name | Last Name | | |
| United Sta | tes Bankruptcy Court for the | : DISTRICT OF NEW JER | SEY | | |
| Case num | ber 20-22298 | | | | Check if this is an |
| | | | | | amended filing |
| Officia | l Form 107 | | | | |
| Staten | nent of Financial | Affairs for Indivi | duals Filing for B | ankruptcy | 4/19 |
| Be as com | plete and accurate as poss | sible. If two married people | are filing together, both are | equally responsible for sup | |
| | known). Answer every que | | | , | |
| Part 1: | Give Details About Your M | larital Status and Where You | u Lived Before | | |
| 1. What | is your current marital stat | us? | | | |
| | Married | | | | |
| _ | lot married | | | | |
| 2. Durin | n the last 2 years, have you | ı lived anywhere other than | whore you live now? | | |
| z. During | y tile last 3 years, have you | a lived allywhere other than | where you live now? | | |
| _ | lo | | | | |
| □ Y | es. List all of the places you | lived in the last 3 years. Do n | ot include where you live nov | V. | |
| Debte | or 1 Prior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ac | Idress: | Dates Debtor 2 lived there |
| | | | | nity property state or territor | |
| states and | territories include Arizona, C | alifornia, idano, Louisiana, Ne | evada, New Mexico, Puerto R | ico, Texas, Washington and V | visconsin.) |
| | lo | | | | |
| □ Y | es. Make sure you fill out So | chedule H: Your Codebtors (O | fficial Form 106H). | | |
| Part 2 | Explain the Sources of Yo | ur Income | | | |
| 4. Did yo | ou have any income from e | mployment or from operating | ng a business during this ye | ear or the two previous cale | ndar years? |
| Fill in t | the total amount of income ye | ou received from all jobs and u have income that you receive | all businesses, including part | -time activities. | · |
| | lo | | | | |
| _ ` | es. Fill in the details. | | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | | ondiagions) | | and exclusions) |

Case 20-22298-VFP Doc 11 Filed 12/01/20 Entered 12/01/20 19:50:58 Desc Main Page 29 of 47 Document Debtor 1 Betsy Rocio Cassiani Case number (if known) 20-22298 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income **Gross income** Describe below. Describe below. (before deductions each source (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? ☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

| Yes. | | or Debtor 2 or both have primarily consumer debts. 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? |
|------|-------|--|
| | ■ No. | Go to line 7. |
| | ☐ Yes | List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not |

Creditor's Name and Address

Dates of payment

Total amount paid

Amount you still owe

Was this payment for ...

include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

■ No
□ Yes. List all payments to an insider.

Insider's Name and Address

Insider's Name and Address

Dates of payment

Total amount paid

Amount you still owe

Reason for this payment

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

attorney for this bankruptcy case.

No

Yes. List all payments to an insider

Insider's Name and Address

Dates of payment

Total amount
paid

Amount you
still owe
Include creditor's name

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Debtor 1 Betsy Rocio Cassiani Document Page 30 of 47

Case number (if known) 20-22298

| Par | t 4: Identify Legal Actions, Repossession | s, and Foreclosures | | | |
|-----|--|-----------------------------|--------------------------------------|-------------------------------|-----------------------------|
| 9. | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. | | | | |
| | □ No ■ Yes. Fill in the details. | | | | |
| | Case title Case number | Nature of the case | Court or agency | Status of th | e case |
| | Capital One Bank Us A N A vs BETSY CASSIANI DC01148719 DC-012312-19 | CIVIL JUDGMENT | SUPERIOR COURT SPECIAL CIVIL PART | ☐ Pending ☐ On appe ☐ Conclud | eal |
| | | | | 4,191.49 | |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. | | erty repossessed, foreclosed | , garnished, attached | d, seized, or levied? |
| | Creditor Name and Address | Describe the Property | | Date | Value of the property |
| | | Explain what happened | d | | property |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment becan a No Yes. Fill in the details. Creditor Name and Address | | _ | Date action was taken | amounts from your Amount |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at No ☐ Yes | | erty in the possession of an a | ssignee for the bend | efit of creditors, a |
| Par | t 5: List Certain Gifts and Contributions | | | | |
| 13. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift. | tcy, did you give any gift: | s with a total value of more th | nan \$600 per person | ? |
| | Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and | Describe the gifts | | Dates you gave the gifts | Value |
| | Address: | | | | |
| 14. | Within 2 years before you filed for bankrup ■ No Yes. Fill in the details for each gift or con: | | s or contributions with a tota | I value of more than | \$600 to any charity? |
| | ☐ Yes. Fill in the details for each gift or com- Gifts or contributions to charities that tota more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | u contributed | Dates you contributed | Value |

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| Deb | otor 1 | Betsy Rocio Cassiani | | | ase number (| if known) 20-222 9 | 98 |
|-----|--------------|---|----------------|--|-----------------|---|-----------------------------|
| | | | | | | | |
| Par | t 6: | List Certain Losses | | | | | |
| 15. | | n 1 year before you filed for bankrupt mbling? | cy or | since you filed for bankruptcy, did y | ou lose anytl | hing because of t | theft, fire, other disaster |
| | _ | No /es. Fill in the details. | | | | | |
| | | the loss occurred | clude | be any insurance coverage for the log the amount that insurance has paid. Log claims on line 33 of Schedule A/B: | ist pending | Date of your loss | Value of property lost |
| Par | t 7: | List Certain Payments or Transfers | | | | | |
| 16. | Includ | n 1 year before you filed for bankruptoulted about seeking bankruptcy or professor attorneys, bankruptcy petition prewood. No Yes. Fill in the details. | parii | ng a bankruptcy petition? | | | |
| | Addr Emai | on Who Was Paid ress il or website address on Who Made the Payment, if Not You | I | Description and value of any proper transferred | erty | Date payment or transfer was made | Amount of payment |
| 17. | prom | n 1 year before you filed for bankrupt ised to help you deal with your credit t include any payment or transfer that yo | ors o | r to make payments to your creditors | | r transfer any pro | operty to anyone who |
| | | No | | | | | |
| | | es. Fill in the details. | | | | | |
| | Pers Addr | on Who Was Paid ress | | Description and value of any proper transferred | erty | Date payment or transfer was made | Amount of payment |
| 18. | Includinclud | n 2 years before you filed for bankrup ferred in the ordinary course of your I to both outright transfers and transfers me gifts and transfers that you have alrea to like the file in the details. | ousin ade a | ness or financial affairs? as security (such as the granting of a se | | | |
| | | on Who Received Transfer | | Description and value of property transferred | | any property or received or debts | Date transfer was made |
| | Pers | on's relationship to you | | | , | J | |
| 19. | benef | n 10 years before you filed for bankru iciary? (These are often called asset-properties) No Yes. Fill in the details | . , | , , , , , | elf-settled tru | st or similar devi | ice of which you are a |
| | | e of trust | | Description and value of the prope | erty transferre | ed | Date Transfer was |
| | | | | | , | | made |

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Debtor 1 Betsy Rocio Cassiani

Case number (if known) 20-22298

| Pai | t 8: | List of Certain Financial Accounts, In | stru | ments, Safe Depos | it Boxes, and S | tora | ge Unit | s | | |
|-----|------------|---|--------|--|-------------------------|-------|----------------|--|--------|--|
| 20. | sol Inc | thin 1 year before you filed for bankruptod, moved, or transferred? lude checking, savings, money market, uses, pension funds, cooperatives, asso | or ot | her financial accou | ınts; certificates | s of | | | | |
| | | No Yes. Fill in the details. | | | | | | | | |
| | | nme of Financial Institution and Idress (Number, Street, City, State and ZIP de) | | st 4 digits of count number | Type of acco instrument | unt | or | Date account was closed, sold, moved, or transferred | b | Last balance efore closing or transfer |
| 21. | | you now have, or did you have within 1 sh, or other valuables? | year | before you filed fo | r bankruptcy, a | ny s | safe dep | osit box or other depos | itory | for securities, |
| | | No Yes. Fill in the details. | | | | | | | | |
| | _ | | | | | | | | | |
| | | ime of Financial Institution Idress (Number, Street, City, State and ZIP Code) | | Who else had ac Address (Number, State and ZIP Code) | | De | escribe | the contents | | Do you still have it? |
| 22. | Hav | ve you stored property in a storage unit | or pl | ace other than you | r home within 1 | yea | ar befor | e you filed for bankrupt | cy? | |
| | - | No | | | | | | | | |
| | ш | Yes. Fill in the details. | | | | | | | | |
| | | Ime of Storage Facility Idress (Number, Street, City, State and ZIP Code) | | Who else has or to it? Address (Number, State and ZIP Code) | | De | escribe | the contents | | Do you still have it? |
| Pai | t 9: | Identify Property You Hold or Contro | l for | Someone Else | | | | | | |
| 23. | | you hold or control any property that so someone. | omeo | one else owns? Inc | lude any prope | ty y | ou borr | owed from, are storing | for, o | or hold in trust |
| | | No | | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | | |
| | | vner's Name Idress (Number, Street, City, State and ZIP Code) | | Where is the pro (Number, Street, City, Code) | | De | escribe | the property | | Value |
| Pai | t 10 | : Give Details About Environmental Inf | forma | , | | | | | | |
| For | the | — purpose of Part 10, the following definit | ions | apply: | | | | | | |
| | tox | vironmental law means any federal, state ic substances, wastes, or material into to ulations controlling the cleanup of thes | the a | ir, land, soil, surfac | e water, ground | _ | | | | |
| | | e means any location, facility, or propert own, operate, or utilize it, including disp | | | environmental | law, | , wheth | er you now own, operate | e, or | utilize it or used |
| | | zardous material means anything an env ardous material, pollutant, contaminant | | | as a hazardous | s wa | ste, haz | zardous substance, toxi | c sub | ostance, |
| Rep | ort a | all notices, releases, and proceedings th | nat yo | ou know about, reg | ardless of whe | n the | ey occu | rred. | | |
| 24. | Has | s any governmental unit notified you tha | at you | u may be liable or p | ootentially liable | une | der or iı | n violation of an environ | ment | tal law? |
| | | No | | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | | |
| | | nme of site Idress (Number, Street, City, State and ZIP Code) | | Governmental un Address (Number, ZIP Code) | | d | Enviro know | nmental law, if you it | | Date of notice |
| | | | | | | | | | | |

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| Del | otor 1 Betsy Rocio Cassiani | (| Case number (if known) 20-22298 | |
|---------------------|---|--|---|---------------------|
| | | | | |
| 25. | Have you notified any governmental unit of | f any release of hazardous material? | | |
| | ■ No | | | |
| | ☐ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 26. | Have you been a party in any judicial or add | ministrative proceeding under any enviro | onmental law? Include settlements | s and orders. |
| | ■ No □ Yes. Fill in the details. | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
| Pai | t 11: Give Details About Your Business or | , | | |
| 27 | Within 4 years before you filed for bankrup | toy did you own a business or have any | of the following connections to a | ny husiness? |
| 21. | | in a trade, profession, or other activity, e | _ | ny business: |
| | _ | pany (LLC) or limited liability partnership | · · | |
| | ☐ A partner in a partnership | party (220) or minited hability partnership | (CLI) | |
| | ☐ An officer, director, or managing ex | vocutive of a corporation | | |
| | _ | ng or equity securities of a corporation | | |
| | _ | | | |
| | No. None of the above applies. Go to | | | |
| | | Il in the details below for each business. | Formation Manager and a second | |
| | Business Name Address | Describe the nature of the business | Employer Identification numb Do not include Social Security | |
| | (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Dates business existed | |
| 28. | Within 2 years before you filed for bankrup institutions, creditors, or other parties. | tcy, did you give a financial statement to | anyone about your business? Inc | clude all financial |
| | ■ No | | | |
| | Yes. Fill in the details below. | | | |
| | Name | Date Issued | | |
| | Address (Number, Street, City, State and ZIP Code) | | | |
| Pai | t 12: Sign Below | | | |
| are with 18 U | ve read the answers on this Statement of Fit true and correct. I understand that making a n a bankruptcy case can result in fines up to J.S.C. §§ 152, 1341, 1519, and 3571. Betsy Rocio Cassiani | false statement, concealing property, or | obtaining money or property by f | |
| Be | tsy Rocio Cassiani nature of Debtor 1 | Signature of Debtor 2 | | |
| Dat | December 1, 2020 | Date | | |
| Did | you attach additional pages to Your Statem | ent of Financial Affairs for Individuals Fi | ling for Bankruptcy (Official Form | 107)? |
| | | | | |
| | 'es | | | |
| Did ■ N | you pay or agree to pay someone who is no | t an attorney to help you fill out bankrup | tcy forms? | |
| - | es. Name of Person Attach the <i>Bankru</i> | uptcy Petition Preparer's Notice, Declaration | n, and Signature (Official Form 119). | |
| | · · · · · · · · · · · · · · · · · · · | nent of Financial Affairs for Individuals Filing f | | page |

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Debtor 1 Betsy Rocio Cassiani

Case number (if known) 20-22298

| Fill in this inform | Fill in this information to identify your case: | | | | |
|---------------------------------|--|--|--|--|--|
| Debtor 1 | Betsy Rocio Cassiani | | | | |
| Debtor 2 (Spouse, if filing) | | | | | |
| United States B | Sankruptcy Court for the: District of New Jersey | | | | |
| Case number (if known) | 20-22298 | | | | |

| Check as directed in lines 17 and 21: According to the calculations required by this Statement: 1. Disposable income is not determined under | | | | | |
|--|------------------------------------|--|--|--|--|
| , , | | | | | |
| 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| 3. The commitment period is 3 years. | | | | | |
| ☐ 4. The commitment period is 5 years. | | | | | |
| | Check if this is an amended filing | | | | |

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| I | Par | t 1: Calculate Your Average Monthly Income | · | | | | | | |
|---|---------|---|---------------------------|------------------------------|---------------------------------------|-----------------------|--------------------------|--|---------------------------------|
| | 1. | What is your marital and filing status? Check one of | only. | | | | | | |
| | | ■ Not married. Fill out Column A, lines 2-11. | - | | | | | | |
| | | ☐ Married. Fill out both Columns A and B, lines 2-11 | | | | | | | |
| | 1 th | ill in the average monthly income that you received from a 01(10A). For example, if you are filing on September 15, the 6-ne 6 months, add the income for all 6 months and divide the tot pouses own the same rental property, put the income from that | -month pe tal by 6. Fi | eriod would ill in the re | l be March 1 thr sult. Do not incl | ough Aug ude any i | gust 31. If the amoint m | ount of your monthly incon ore than once. For examp | ne varied during le, if both |
| | | | | | | Colur Debt | | Column B Debtor 2 or non-filing spouse | |
| | 2. | Your gross wages, salary, tips, bonuses, overtime payroll deductions). | and co | ommissio | ons (before a | \$ | 4,859.76 | \$ | |
| | 3. | Alimony and maintenance payments. Do not include Column B is filled in. | le payme | ents from | a spouse if | \$ | 0.00 | \$ | |
| | 4. | All amounts from any source which are regularly of you or your dependents, including child supportion an unmarried partner, members of your househout and roommates. Do not include payments from a spoyou listed on line 3. | rt. Includ | de regula: depende | r contributions nts, parents, | | 0.00 | \$ | |
| | 5. | Net income from operating a business, profession, or farm | Debtor | r 1 | | | | | |
| | | Gross receipts (before all deductions) | \$_ | 0.00 | | | | | |
| | | Ordinary and necessary operating expenses | -\$_ | 0.00 | | | | | |
| | | Net monthly income from a business, profession, or fa | arm \$ | 0.00 | Copy here - | >\$ | 0.00 | \$ | |
| | 6. | Net income from rental and other real property | Debtor | | | | | | |
| | | Gross receipts (before all deductions) | \$_ | 0.00 | | | | | |
| | | Ordinary and necessary operating expenses | - \$ _ | 0.00 | | | | _ | |
| ı | | Net monthly income from rental or other real property | 2 | 0.00 | Copy here - | > \$ | 0.00 | \$ | |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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| ebtor 1 | Betsy Rocio Cassiani | | | Case number | er (<i>if known</i>) | 20-22298 | | |
|--|---|--|-------------------------|-------------------|------------------------|--------------------------------|-------------|----------|
| | | | | Column A Debtor 1 | | Column B Debtor 2 c non-filing | | |
| 7. Int | erest, dividends, and royalties | | | \$ | 0.00 | \$ | | |
| . Un | employment compensation | | | \$ | 0.00 | \$ | | |
| | not enter the amount if you contend that the Social Security Act. Instead, list it here: | amount received was a benefit | under | | | | | |
| I | For you | \$ 0.0 | 0 | | | | | |
| ı | For your spouse | \$ | | | | | | |
| bei not Un dis pay | nsion or retirement income. Do not include nefit under the Social Security Act. Also, exc t include any compensation, pension, pay, ar ited States Government in connection with a ability, or death of a member of the uniformey paid under chapter 61 of title 10, then inclues not exceed the amount of retired pay to we tired under any provision of title 10 other that | e any amount received that was ept as stated in the next sentend nuity, or allowance paid by the disability, combat-related injury d services. If you received any of that pay only to the extent the hich you would otherwise be en | ce, do or retired at it | \$ | 0.00 | \$ | | |
| Do und cor crir cor Go dea | come from all other sources not listed about not include any benefits received under the der the Federal law relating to the national ender the National Emergencies Act (50 U.S.C. conavirus disease 2019 (COVID-19); paymer me, a crime against humanity, or international mpensation, pension, pay, annuity, or allowativernment in connection with a disability, compath of a member of the uniformed services. It parate page and put the total below. | Social Security Act; payments no mergency declared by the Presion 1601 et seq.) with respect to the street received as a victim of a warral or domestic terrorism; or noce paid by the United States abat-related injury or disability, or | nade dent ne | | | | | |
| | | | | \$ | 0.00 | \$ | | |
| | | | _ | \$ | 0.00 | \$ | | |
| | Total amounts from separate pages, if | anv. | | \$ | 0.00 | \$ | | |
| ead | Iculate your total average monthly income ch column. Then add the total for Column A | to the total for Column B. | \$ | 4,859.76 | + \$_ | | | 4,859.76 |
| rt 2: | Determine How to Measure Your Ded | actions from income | | | | | | |
| | py your total average monthly income fro Iculate the marital adjustment. Check one | | | | | | \$ | 4,859.76 |
| | You are not married. Fill in 0 below. | | | | | | | |
| | You are married and your spouse is filing | with you. Fill in 0 below. | | | | | | |
| | You are married and your spouse is not fil | • | | | | | | |
| | Fill in the amount of the income listed in lir dependents, such as payment of the spou | ne 11, Column B, that was NOT | | | | | | |
| | Below, specify the basis for excluding this adjustments on a separate page. | | me dev | oted to eacl | h purpos | e. If necessary | , list addi | itional |
| | If this adjustment does not apply, enter 0 b | pelow. | | | | | | |
| | | | \$ | | _ | | | |
| | | | » — | | _ | | | |
| | | | +\$ | | | | | |
| | Total | | \$ | 0.0 | <u>0</u> с | opy here=> | | 0.0 |
| l. Y | our current monthly income. Subtract line | 13 from line 12. | | | | | \$ | 4,859.76 |
| _ | | | | | | | | |
| . С | alculate your current monthly income for | the year. Follow these steps: | | | | | | 4 6 5 6 |
| 1/ | 5a Conviline 14 here=> | | | | | | \$ | 4,859.76 |

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| Debtor 1 | Betsy Rocio Cassiani | Case number (if known) 20 |)-22298 |
|----------|---|---------------------------|-------------|
| | Multiply line 15a by 12 (the number of months in a year). | | x 12 |
| 151 | o. The result is your current monthly income for the year for this part | of the form. | \$58,317.12 |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Betsy Rocio Cassiani Case number (if known) 20-22298 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. 2 16b. Fill in the number of people in your household. 83.739.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). 17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. \$ 4,859.76 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. \$ 4,859.76 19b. Subtract line 19a from line 18. 20. Calculate your current monthly income for the year. Follow these steps: 4,859.76 20a. Copy line 19b Multiply by 12 (the number of months in a year). x 12 58,317.12 \$ 20b. The result is your current monthly income for the year for this part of the form 83,739.00 20c. Copy the median family income for your state and size of household from line 16c 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Betsy Rocio Cassiani Betsy Rocio Cassiani Signature of Debtor 1 Date December 1, 2020 MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Debtor 1

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Debtor 1 Betsy Rocio Cassiani Case number (if known) 20-22298

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 04/01/2020 to 09/30/2020.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Employer : Urology Center** Constant income of **\$4,859.76** per month.*

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Debtor 1 Betsy Rocio Cassiani Case number (if known) 20-22298

*Paycheck Details:

Urology Center

| Date | Earnings | Overtime | Taxes | Other | Net Check |
|-----------|----------|----------|----------|----------|-----------|
| Salary X6 | 4,859.76 | 0.00 | 1,138.86 | 1,399.64 | 2,321.26 |
| | | | | | |
| Totals: | 4,859.76 | 0.00 | 1,138.86 | 1,399.64 | 2,321.26 |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 20-22298-VFP Doc 11 Filed 12/01/20 Entered 12/01/20 19:50:58 Desc Main Page 45 of 47 Document UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY Caption in Compliance with D.N.J. LBR 9004-1(b) Jamal J. Romero 1599 Hamburg Turnpike Wayne, NJ 07470 973-696-8391 ecfbkfilings@scuramealey.com In Re: Case No.: **Betsy Rocio Cassiani** 13 Chapter: Judge: DISCLOSURE OF CHAPTER 13 DEBTOR'S ATTORNEY COMPENSATION 1. Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am the attorney for the debtor(s) and that compensation was paid to me within one year before the filed date of the petition, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in connection with this bankruptcy case is as follows: Under D.N.J. LBR 2016-5(b), I have agreed to accept for all legal services required to confirm a plan, subject to the exclusions listed below, including administrative services that may occur postconfirmation, a flat fee in the amount of \$ 5,060.00 . I understand that I must demonstrate that additional services were unforeseeable at the time of the filing of this disclosure if I seek additional compensation and reimbursement of necessary expenses. Legal services on behalf of the debtor in connection with the following are not included in the flat fee: Representation of the debtor in: adversary proceedings, loss mitigation/loan modification efforts, post-confirmation filings and matters brought before the Court. I have received: \$ 2,000.00 The balance due is: \$ 3,060.00 The balance ✓ will □ will not be paid through the plan. Under D.N.J. LBR 2016-5(c), I have agreed to accept for legal services provided on behalf of the debtor in this case, an hourly fee of \$ ____. The hourly fee charged by other members of my firm that may provide services to this client range from \$ ____ to \$ ____ . I understand that I must receive the Court's approval of any fees or expenses to be paid to me in this case post petition pursuant to D.N.J. LBR 2016-1. I have received: \$ The source of the funds paid to me was: 2. ✓ Debtor(s) Other (specify below)

3. If a balance is due, the source of future compensation to be paid to me is: ☐ Debtor(s) ☐ Other (specify below) 4. I☐ have or ☐ have not agreed to share compensation with another person(s) unless they are members of my law firm. If I have agreed to share compensation with a person(s) who is not a member of my law firm, a copy of that agreement and a list of the people sharing in the compensation is attached. Date: December 1, 2020 /s/ Jamal J. Romero Jamal J. Romero

Debtor's Attorney

Document

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Case 20-22298-VFP

United States Bankruptcy CourtDistrict of New Jersey

| In re | Betsy Rocio Cassiani | | Case No. | 20-22298 | |
|--------|---------------------------------------|---|--------------------|-----------------------|--|
| | | Debtor(s) | Chapter | 13 | |
| | | | | | |
| | VERIF | FICATION OF CREDITOR | MATRIX | | |
| he abo | ove-named Debtor hereby verifies that | at the attached list of creditors is true and c | orrect to the best | of his/her knowledge. | |
| | | | | | |

Betsy Rocio Cassiani Signature of Debtor